

K20 000091427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

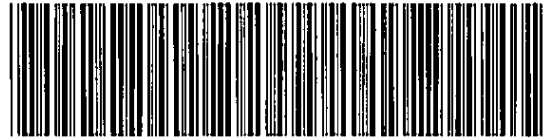
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200351338162

09/03/20 - 01:08 006 \$425.00

FILED
2021 AUG -3 PM 10:18
SFT REC'D
FALLAHSSEE
T. L. B. MEX
OCT 14 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SHOP SAKI LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valeria P Galavis

Name of Person

Firm/Company

1642 Zenith Way

Address

Weston, FL 33327

City/State and Zip Code

garridovaleria@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valeria P Galavis

786 4514784

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

